

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000091341 (5)**

1. Corporation Name  
**MEDCHOICE, INC.**



Principal Place of Business  
**801 NW 99TH AVENUE  
PALM JOHNSON PLAZA  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**801 NW 99TH AVENUE  
PALM JOHNSON PLAZA  
PEMBROKE PINES FL 33024-6160  
US**

3. Date Incorporated or Qualified <b>12/19/1994</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0562777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.  
201 S. BISCAYNE BLVD.  
SUITE 9000  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name **Wachs, Jeffrey S.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1177 SE 3rd Ave**  
83  
84 City **Ft Lauderdale** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jeffrey S. Wachs* (NOT) Registered Agent signature required when reinstating. DATE **4-11-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DRS</b>	<input type="checkbox"/>
NAME	<b>STEVENS, ROBERT D</b>	
STREET ADDRESS	<b>10621 PARIS STREET</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33028</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>11390 LAKE SHORE DRIVE</b>		
1.4 CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Stevens* **Robert D. Stevens** President **3/27/97** **954-450-9070**

CR2E034 (9/96)